



APPLICATION TO TRANSFER FROZEN SEMEN

PLEASE COMPLETE ALL DETAILS ON THIS FORM IN BLOCK LETTERS.

I / WE MAKE AN APPLICATION TO TRANSFER FROZEN SEMEN REGISTERED ON MY / OUR BEHALF WITH THE CCC (Q) t/as DOGS QUEENSLAND AND LIST BELOW DETAILS PERTAINING TO THIS TRANSFER.

NAME OF DONOR DOG:	MICROCHIP NO
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BREED:	DOB __ / __ / __	REGISTRATION No.:
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BATCH No. TO BE TRANSFERRED	No. OF STRAWS / VIALS
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REGISTERED OWNER(S) DETAILS:

TITLE: Dr / Mr / Mrs / Miss / Ms (CIRCLE)

MEMBER No.: (IF APPLICABLE)

GIVEN NAME(S):	SURNAME:
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ADDRESS:	
	POST CODE:

CONTACT NO.: (H) _____	(B) _____	(M) _____
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SEMEN TO BE TRANSFERRED TO:

TITLE: Dr / Mr / Mrs / Miss / Ms (CIRCLE)

MEMBER No.: (IF APPLICABLE)

GIVEN NAME(S):	SURNAME:
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ADDRESS:	
	POST CODE:

CONTACT NO: (H) _____	(B) _____	(M) _____
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PLEASE CONTACT THE CCC (Q)
t/as DOGS QUEENSLAND OFFICE
FOR CURRENT FEES.
PLEASE ENSURE PAYMENT
ACCOMPANIES THIS FORM.

**EFFECTIVE DATE
OF TRANSFER:**

DAY _____	MONTH _____	YEAR 20____
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I / We declare that all information provided on this application is correct and in accordance with CCC (Q) t/as Dogs Queensland Rules.
I / We acknowledge verification of records must be produced, if required.

Date / / 20.....

Signature of Registered Owner(s):



CREDIT CARD PAYMENT DETAILS

NAME: _____ MEMBERSHIP NUMBER: _____

MASTERCARD

☐

VISA

☐

(tick one box)

CARD NUMBER: ____ - ____ - ____ - ____ CARD EXPIRY DATE: ____ - ____

AMOUNT \$ _____

CARDHOLDER'S PHONE NUMBER: _____

CARDHOLDER SIGNATURE _____ Date ____ / ____ / 20____